

**This update applies to:**  
All Network Pharmacies

**States:**  
Virginia

**Line of Business:**  
Medicaid

**Customer Care for Plan Members:**  
1-855-652-8249

**Prior Authorization:**  
Phone: 1-855-652-8249  
Fax: 1-855-799-2553

**Eligibility Verification:**  
1-855-652-8249

**Plan Website:**  
[aetnabetterhealth.com/virginia](http://aetnabetterhealth.com/virginia)

**Pharmacy Inquiries:**  
If you have questions, call the Pharmacy Help Desk:  
1-866-386-7882

**Payer Sheets:** For additional claim processing information, refer to the CVS Caremark Payer Sheets at:  
[caremark.com/pharminfo](http://caremark.com/pharminfo)  
>NCPDP Payer Sheets.

# New Implementation

## Virginia Medicaid Aetna Better Health of Virginia Commonwealth Coordinated Care Plus

Effective August 1, 2017, CVS Caremark® will begin to administer the prescription benefits for Aetna Better Health of Virginia CCC Plus. Please update or create plan member profiles to reflect the changes regarding the following new plan adjudicating through CVS Caremark.

**RXBIN:** 610591  
**RXPCN:** ADV  
**RXGRP:** RX8837  
**Member ID Format:** 9 digits, alphanumeric  
**Person Code:** Not required

Aetna Better Health of Virginia CCC Plus plan members will carry cards similar to the one illustrated below:



**Patient Pay Amount** - Please rely on the claims system to determine the correct amount to collect from the plan member, if applicable. Per Federal Medicaid law at 42 U.S.C. § 1396o(e): No provider participating under the State plan may deny services to an individual on account of such individual's inability to pay the patient pay amount.

**Prescriber NPI** - A valid and active individual prescriber's National Provider Identifier (NPI) is required. Failure to submit a valid Prescriber NPI will result in a reject.

**Days Supply** - Members may receive up to a 90-day supply at retail for select drugs.

The recipient of this fax may make a request to opt-out of receiving telemarketing fax transmissions from CVS Caremark. There are numerous ways you may opt-out: The recipient may call the toll-free number at 877-265-2711 and/or fax the opt-out request to 401-652-0893, at any time, 24 hours a day/7 days a week. The recipient may also send an opt-out request via email to [do\\_not\\_call@cvscaremark.com](mailto:do_not_call@cvscaremark.com). An opt out request is only valid if it (1) identifies the number to which the request relates, and (2) if the person/entity making the request does not, subsequent to the request, provide express invitation or permission to CVS Caremark to send facsimile advertisements to such person/entity at that particular number. CVS Caremark is required by law to honor an opt-out request within thirty days of receipt.

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## Emergency Supply

Pharmacies must call the Pharmacy Help Desk for an override for an emergency 3-day supply.

## 340B Drugs

To properly submit claims for 340B drugs, use the following values:

- NCPDP Data Element 409-D9: Ingredient Cost Submitted = 340B Acquisition Cost
- NCPDP Data Element 420-DK: Submission Clarification Code = 20
- NCPDP Data Element 420-DN: Basis of Cost Determination = 08

## Vaccines

Aetna Better Health of Virginia CCC Plus will participate in the CVS Caremark Vaccine Administration Network. Please rely upon the adjudication system for coverage at the time of administration.

Submit the proper "MA" code in field 440-E5 of the DUR/PPS Segment along with a positive incentive fee amount in Field 438-E3 of the Pricing Segment when administering vaccines.

## Coordination of Benefits

- Use the information provided in the chart below to submit the claim.
- The OPAP field (Other Payer Amount Paid) should be populated.
- All other forms of insurance coverage should be submitted before Medicaid
- Update the member profile with COB information.

### Common Claim Submission Scenarios

Scenario	If the Primary is...	If the Secondary is...	Other Coverage Code NCPDP Field #308-C8
1	Aetna CCC Plus	N/A	
2	Other Medicare Part B Plan	Aetna CCC Plus	02,04
3	Other Commercial Plan	Aetna CCC Plus	02, 04

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